PATENT APPLICATION FEE DETERMINATION RECORD											ess & disp	DE U.S. DEPARTMENT OF CONMERCE		
Substitute for Form PTO-875											Application or Docket Humber.			
				AS FILED - PA (Column 1)		(Column 2)		7	SHALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	FOR ASIC FEE 17 CFR 1.16(a))	HUMBER FRED			MUMBER EXTRA		4	RATE	FEE		RATE	FEE		
T	OTAL CLAMS	minus 20 e					\dashv		1-	OR		1		
()	DEPENDENT CI 1 CFR 1.16(b))	minus 3 =				·	1	X 1=	 	OR	X 1=	· .		
М	MULTIPLE DEPENDENT CLAMPRESENT (37 CFR 1.16(4))							-	X1=		OR	X 1=	·	
	"If the difference in column 1 is less than zero, enter "V" in column 2							. l	11_=		Or	+ ş c		
	CLAIMS AS AMENDED - PART II								1011] Ou	TOTAL		
	1	(Co	luma 1)	mn 1) (C			olumn 2) (Column 3)		SMALL	Енпт	OR	ОТНЕ	NAHT S	
AMENDMENT A		REI	WHAS WHANG FTER	Minus	HU	HEST KBER KOUSLY	PRESENT EXTRA		RATE	ADDI- TIONGI_ FGE		RATI	ENTITY	
	Total OFCER 1.14(1)		NYEHONEILL		PAR	PAID FOR							TIONAL FEE	
	Andependent OI CFR 1 14(e))	-	Ž -	Minus	_ A	<u>() </u>			х 1	-/	Off	X 1 ===================================		
	FIRST PRESE	X MULTIPL	E DEPEIC	ien avi	w ma	R 1.16(0)	1	X 1=	1	OR	Х1с			
) <u>(</u>	TOTAL ADOL FEE	/	90	JATOT		
(Column 1) (Column 2)						(Column 3)	_	(\	01.	voor u≟€	-/		
AMENOMENT 8	Total	RENV	Dræku Leu Anning		HIGH RUM PREVK PAID	GER OUSLY	PRESENT EXTRA		PATE	ADOI TIOHAL FEE		ガン	ADDI. TIONAL	
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	FIRST PRESCIPATION OF MULTIPLE DEPENDENT CLAIM (31 CER 1.16(4))										On (f s=		
		(Colur	4)						994 JOON		OG	ADOT FEE		
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	(1) Cra i refell hydenenden	 		Minus	•		=	,	1°	166	OR	E 1 =	FEE	
AME	CIT CIR LINGUI							,	1=		OR	X 1 =		
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٠	thing entire in a	lunn tis	less Hann	0				i	aprice	1	0.7.	531 1000		

If the entity in column 1 is less than the entry in column 2, while U. In column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 70.

If the Highest Number Previously Paid For IN THIS SPACE is less than 70, enter '20'.

The Highest Humber Previously Paid For IN THIS SPACE is less than 7, enter '20'.

The Highest Humber Previously Paid For IN THIS SPACE is less than 7, enter '20'.

The Highest Number Previously Paid For IN THIS SPACE is less than 7, enter '20'.

This conscious of the Anatom Paid For In this section of the Internation is required by 37 CFR 1,15 The Humanion is required to obtain or retain a benefit ty the public which is to fits (and by the INSPIO to process) as application. Confidentially is povemed by 35 U.S.C. 172 and 37 CFR 1,14 This confection is estimated to take 12 minutes to complete including pathering, and submitting the complete deprication from the trivial vary depending upon the Institute is to complete on the amount of time you require to complete this form and/or suppositions for reducing this funder, should be cent to the Chief Information Officer, U.S. Department of Commission P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Commissioner for Patonics, P.O. Box 1450, Alexandria, VA 22313-1450.